

CORPORATISED ENTITIES GROUP INSURANCE SCHEME (CEGIS)

KEY FEATURES AND BENEFITS OF INSURANCE COVERAGE

1. INTRODUCTION

The Corporatised Entities Group Insurance Scheme (“CEGIS”) is a group term life policy issued by Income Insurance Limited (“Income”) for the employees of corporatised organisations and their respective spouses and children.

This document only lists the key features and benefits of the Insured’s cover under the CEGIS plan. It is not an insurance contract, and does not have any legal effect. The full and precise terms, conditions and exclusions of the insurance contract and the applicable terms of the cover taken up by the Insured is in the Group Master Policy issued by Income to the Master Policyholder.

2. ELIGIBILITY

This scheme is open to all actively employed employees, their spouses and children of the Master Policyholder which meet the eligibility conditions stated below and any other necessary conditions as Income may reasonably require are eligible to apply for cover under this Policy.

- a) All employees of the Master Policyholder (Age over 16 and below 70 years);
- b) The legally married spouse of the Insured Employee (Age over 16 and below 70 years) and is not separated or divorced from the Insured Employee;
- c) The natural or legally adopted children of the Insured Employee (Age over 12 months and below 25 years);

whose particulars must be lodged with Income before commencement of cover.

3. TYPE OF COVERAGE AND SUM ASSURED

3.1 TYPE OF COVERAGE

- a) Death, Total and Permanent Disability and Permanent and Partial Disability, (collectively “Term Life Coverage”)
- b) Critical Illnesses, at the option of Insured Employee (“Critical Illnesses Coverage”)

3.2 SUM ASSURED

3.2.1 Term Life Coverage

- a) Maximum Sum Assured for Insured Employee of Master Policyholder and spouse of Insured Employee is \$300,000
- b) Maximum Sum Assured for child of an Insured Employee is \$100,000
- c) The Sum Assured for Term Life Coverage of a spouse or child of an Insured Employee must not be more than the Insured Employee’s Sum Assured for Term Life Coverage unless the Insured Employee’s Sum Assured is reduced by Income due to underwriting reasons.

3.2.2 Critical Illnesses Coverage (at the option of Insured Employee)

- a) Maximum Sum Assured for Insured Employee of Master Policyholder and spouse of Insured Employee is \$200,000
- b) Maximum Sum Assured for child of an Insured Employee is \$100,000
- c) The Sum Assured of an Insured for Critical Illnesses must not be more than the Sum Assured of the Insured for Term Life Coverage.
- d) The Sum Assured of a spouse or child of an Insured Employee for Critical Illnesses Coverage must not be more than the Insured Employee's Sum Assured for Critical Illnesses Coverage unless the Insured Employee's Sum Assured is reduced by Income due to underwriting reasons.

3.2.3. Term Life Coverage and Critical Illnesses Coverage

- (a) An employee of the Master Policyholder can be covered as an Insured Employee and/or, where applicable, spouse of Insured Employee but, at any one time, the Sum Assured or, where the individual is covered as an Insured Employee as well as a spouse of Insured Employee, the aggregate Sum Assured, shall not be more than the respective maximum Sum Assured stipulated above for Term Life Coverage and Critical Illnesses Coverage
- (b) A child can be covered as a child of either one or both parents who are Insured Employees but, at any one time, the Sum Assured or, where the child is covered as a child of both parents who are Insured Employees, the aggregate Sum Assured, shall not be more than the respective maximum Sum Assured stipulated above for Term Life Coverage and Critical Illnesses Coverage for a child.

4. COMMENCEMENT OF COVERAGE

An Insured's commencement date of cover is subject to the acceptance of the Proposal Form by Income and the receipt by Income of the premium paid by the Insured Employee.

The Insured's cover starts from the Policy Inception Date stated in the Policy Schedule.

5. FREE LOOK PROVISION

This insurance may be cancelled by written request to us within 14 days from receipt of this Certificate of Insurance, in which case, premiums paid less any medical fees incurred in assessing the risk under this insurance will be refunded. If this Certificate of Insurance is sent by post, it is deemed to have been delivered and received in the ordinary course of the post, seven days after the date of posting.

6. BENEFITS

6.1 TYPES OF BENEFITS

(A) Death

In the event of the Death of Insured from any cause while the Term Life Coverage for the Insured is in force, unless due to suicide or attempted suicide while sane or insane within 12 months from:

- (a) the commencement date of the Insured's Term Life Coverage; or
- (b) the date of reinstatement of the Insured's Term Life Coverage,

whichever is later, Income will pay to:

- (i) the Insured Employee's legal personal representatives, nominees or Proper Claimants in the event of Death of Insured Employee; or
- (ii) the Insured Employee in the event of Death of spouse or child of Insured Employee,

the Sum Assured for Term Life Coverage subscribed by that Insured.

If Death of Insured is due to suicide or attempted suicide while sane or insane within 12 months from the effective date of any increase in the Sum Assured for the Insured's Term Life Coverage, Income shall pay the Sum Assured prior to such increase provided that the amount of the prior Sum Assured has been effective for more than 12 months before the Death of the Insured.

In the event of the Death of an Insured from an Accident, Income will pay to:

- (i) the Insured Employee's legal personal representatives, nominees or Proper Claimants in the event of Death of Insured Employee; or
- (ii) the Insured Employee in the event of Death of spouse or child of Insured Employee,

an additional 25% of the Sum Assured subscribed by that Insured.

(B) Total and Permanent Disability

If an Insured becomes Totally and Permanently Disabled before the Age of 65 years from any cause except self-inflicted injuries within 12 months from:

- (a) the commencement date of the Insured's Term Life Coverage; or
- (b) the date of reinstatement of the Insured's Term Life Coverage,

whichever is later, Income will pay to:

- (a) the Insured if the Insured is an Insured Employee; or
- (b) the Insured Employee if the Insured is a spouse or child of an Insured Employee,

the Sum Assured for Term Life Coverage subscribed by the Insured plus 1% of the Sum Assured subscribed payable in equal monthly payments over the next 24 months or up to when the Insured is Age 65 years or upon the Death of the Insured, whichever is earlier, provided that:

- (i) the Total and Permanent Disability shall occur while the Term Life Coverage for the Insured is in force;
- (ii) if before the monthly payments are fully made, the Insured dies or when the Insured is Age 65 years, then Income shall cease to make any further monthly payment and Income's liability in respect of any remaining monthly payments shall cease;

- (iii) if the Insured's Total and Permanent Disability is due to self-inflicted injuries within 12 months from the effective date of any increase in the Sum Assured for Insured's Term Life Coverage; Income shall pay the Sum Assured prior to such increase provided that the amount of the prior Sum Assured has been effective for more than 12 months before the Total and Permanent Disability of the Insured; and
- (iv) if Death of the Insured is not made known to Income promptly and Income continues to pay 1% of the Sum Assured subscribed in equal monthly payments, Income shall be entitled to a refund of the monthly payments retrospectively from the date of Death of the Insured.

(C) Permanent and Partial Disability

In the event that an Insured sustains any Loss as specified in the Table of Compensation in Appendix 2 before the Age of 65 years from an Accident, which Loss shall occur while the Term Life Coverage for the Insured is in force, Income shall pay to:

- (a) the Insured if the Insured is an Insured Employee; or
- (b) the Insured Employee if the Insured is a spouse or child of an Insured Employee,

the Benefit specified in the Table of Compensation provided that the Loss shall occur within 365 days following the Accident.

(D) Diagnosis of Critical Illness (Optional Coverage)

In the event that an Insured is diagnosed by a Registered Medical Practitioner as suffering from any of the Critical Illnesses specified in the List of Critical Illnesses in Appendix 3 which shall occur while the Critical Illnesses Coverage for the Insured is in force, Income will pay to:

- (a) the Insured if the Insured is an Insured Employee; or
- (b) the Insured Employee if the Insured is a spouse or child of an Insured Employee,

the Sum Assured for Critical Illnesses Coverage subscribed by the Insured provided that:

- a) the Insured shall survive a period of 30 days from the date of diagnosis of the Critical Illnesses;
- b) in respect of Major Cancer, Coronary Artery Bypass Surgery, Heart Attack of Specified Severity, Angioplasty and Other Invasive Treatment for Coronary Artery and Other Serious Coronary Artery Disease, the initial diagnosis must be made after the expiry of 90 days from the commencement date of the Insured's Critical Illnesses Coverage or reinstatement date of the Insured's Critical Illnesses Coverage, whichever is later;
- c) in respect of the other remaining Critical Illnesses, the initial diagnosis must be made after the expiry of 30 days from the commencement date of the Insured's Critical Illnesses Coverage or reinstatement date of the Insured's Critical Illnesses Coverage, whichever is later;
- d) if initial diagnosis of Major Cancer, Coronary Artery Bypass Surgery, Heart Attack of Specified Severity, Angioplasty and Other Invasive Treatment for Coronary Artery and Other Serious Coronary Artery Disease is made before the expiry of 90 days from the effective date of any increase in the Sum Assured for the Insured's Critical Illnesses Coverage, Income shall pay the Sum Assured prior to such increase if the amount of the prior Sum Assured has been effective for more than 90 days before such initial diagnosis is made; and

- e) if initial diagnosis of the other remaining Critical Illnesses is made before the expiry of 30 days from the effective date of any increase in the Sum Assured for the Insured's Critical Illnesses Coverage, Income shall pay the Sum Assured prior to such increase if the amount of the prior Sum Assured has been effective for more than 30 days before such initial diagnosis is made.

6.2 GENERAL EXCLUSIONS

- a) Income shall not be liable to pay Benefit A (Death), Benefit B (Total and Permanent Disability) or Benefit C (Permanent and Partial Disability) if the Death, Total and Permanent Disability or Permanent and Partial Disability, as the case may be, is caused directly or indirectly, wholly or partly by any of the following:
 - i) war, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, military or popular uprising, insurrection, rebellion, revolution, military or usurped power, martial law or use of nuclear/radiological, biological or chemical weapon which creates massive destruction in any terrorist related activities;
 - ii) radioactivity or from the use, existence or escape of any nuclear fuel, material or waste;
 - iii) self-inflicted injury or illness or any attempt thereof while sane or insane;
 - iv) influence or misuse of alcohol or drugs;
 - v) participation in a riot, assault or felony;
 - vi) racing on any kind except on foot;
 - vii) travelling in any kind of aircraft except as a fare paying passenger on a regular scheduled flight with a commercial airline; or
 - viii) in respect of cover for a child of an Insured Employee, in the course of the child rendering full-time national service.

- b) Income shall not be liable to pay Benefit D (Critical illness) if the Critical Illness is caused directly or indirectly, wholly or partly by any of the following:
 - i) an episode of Coronary Artery or Ischaemic Heart Disease that occurred prior to the commencement date of the Member's Critical Illnesses Coverage; or
 - ii) any pre-existing conditions relating directly or indirectly to any of the Critical Illnesses as specified in the List of Critical Illnesses in Appendix 3 or where the Member received medical treatment or sought medical advice prior to the commencement or reinstatement of the Critical Illnesses Coverage for the Member unless declared to and accepted by Income;
 - iii) Influence or misuse of alcohol or drugs; or
 - iv) self-inflicted injury or illnesses.

7. POLICY ALTERATION

After commencement of cover, an Insured may before the next premium due date elect to vary the Sum Assured in multiples of \$10,000 for Term Life Coverage and/or Critical Illnesses or request for addition of Critical Illnesses Coverage (if not covered) subject to:

- a) underwriting acceptance by Income provided that Income may impose additional terms for cover including without limitation impose premium loading and more exclusion(s);
- b) submission of such form(s) as prescribed by Income;
- c) full disclosure of all material circumstances relating to the cover; and
- d) payment of all premiums due by the Insured.

8. NON-PAYMENT OF PREMIUM

A grace period of 30 days from the premium due date agreed upon by Income shall be allowed for the payment of premium. If the premium is not paid within the grace period, unless an extension of the grace period is agreed to by Income, the Insured's cover in respect of which the premium has not been paid shall automatically terminate on the day the grace period expires.

Notwithstanding the termination of cover, the Insured shall be liable to pay to Income all premiums due and unpaid during the grace period.

9. PREMIUM MODIFICATION

Income may modify the premium rates contained in the Table of Premiums in Appendix 1 by giving at least 3 months' written notice to the Master Policyholder and the modified premium rates shall apply to all Insured.

10. REINSTATEMENT

An Insured whose cover has ceased due to non payment of premium due may apply for reinstatement not later than 12 months after cover has ceased. The reinstatement shall be subject to the consent of Income and the following terms and conditions:

- a) payment of premium due
- b) satisfactory proof of good health and insurability of the Insured, provided at the Insured's expense;
- c) continued eligibility to be insured;
- d) no adverse material change has occurred in the risks covered; and
- e) any other terms or conditions as Income may deem necessary to impose including without limitation impose premium loading and more exclusion(s).

11. TERMINATION OF COVERAGE

11.1 Termination of Insured's Term Life Coverage

The Term Life Coverage of an Insured shall automatically cease upon the happening of any one of the following:

- a) the termination of this Group Policy by the Master Policyholder or Income;
- b) when the Insured ceases to be eligible for cover;
- c) in the case of an Insured Employee, the date of termination of employment with the Master Policyholder;
- d) the non payment of premium due;
- e) the termination of cover by the Master Policyholder or the Insured Employee;
- f) Death of the Insured or the date the Insured becomes Totally and Permanently Disabled as diagnosed by a Registered Medical Practitioner, whichever is applicable;
- g) payment of a minimum aggregate of 100% of the Sum Assured subscribed by the Insured in the event of Permanent and Partial Disability, whether from one or more Accidents, or
- h) the Contract Term for the Insured expires,

whichever is earliest.

In addition to the above, where Insured is a spouse or child of an Insured Employee, the Term Life Coverage for the spouse or child shall also cease when the Term Life Coverage for the Insured Employee ceases.

11.2 Termination of Insured's Critical Illnesses Coverage

The Critical Illnesses Coverage of an Insured shall automatically cease upon the happening of any one of the following:

- a) the termination of the Insured's Term Life Coverage;
- b) the non payment of premium due;
- c) the termination of cover by the Master Policyholder or the Insured Employee or
- d) the date the Insured suffers from any of the Critical Illnesses as specified in the List of Critical Illnesses in Appendix 3 (except Angioplasty & Other Invasive Treatment for Coronary Artery) as diagnosed by a Registered Medical Practitioner,

whichever is earliest.

For the avoidance of doubt, unless an Insured's Term Life Coverage is terminated, the Insured's Term Life Coverage will not terminate upon the termination of the Insured's Critical Illnesses Coverage.

12. NO REFUND OF PREMIUMS FOR REMAINING PERIOD OF MONTH

Upon termination of cover during any calendar month, any premium paid for any remaining period of that month shall not be refunded by Income.

13. CLAIMS NOTIFICATION

It shall be a condition precedent to the liability of Income to make payment for any benefit that duly completed claim notification forms together with the required proof of loss shall be submitted to Income within 90 days of the occurrence of the Death, Total and Permanent Disability or Partial and Permanent Disability, or diagnosis of the Critical Illnesses. Failure to comply with the stipulated time and procedure shall invalidate the claim and no benefit shall be payable by Income.

As a group policy, claims can be submitted through your Personnel/HR Department with the following documents:

Documents to be submitted for Death Claims:

- Completed Death Claims Form
- Certified true copy of Death Certificate
- Copy of identification of Insured
- Copy of identification of Claimant
- Proof of relationship between Insured and Claimant

Claimant	Document required
Spouse	Marriage Certificate
Parent	Birth Certificate of Deceased
Children	Birth Certificate of Claimant
Sibling	Birth Certificate of Deceased and Claimant

- Coroner’s inquiry report, if available

Documents to be submitted for Disability Claims:

- Completed Total and Permanent Disability Claim Form
- Copy of identification of Insured/Claimant
- Attending Physician’s Statement (APS) (to be completed by attending physician and submitted to us)
- Medical Reports/Hospital Discharge Summary/Doctor’s memos/Medically boarded out letter (if available)

Documents to be submitted for Dread Disease Claims:

- Completed Dread Diseases Claims Form
- Copy of identification of Insured/Claimant
- Attending Physician’s Statement (APS) (to be completed by attending physician and submitted to us)

Note: Specific APS for various diseases can be obtained from Income website: www.income.com.sg

- Medical Reports/Hospital Discharge Summary/Doctor’s memos/Medically boarded out letter (if available)

14. PAYMENT OF CLAIMS

- Before the payment of any Benefit, Income shall be entitled to deduct from the Benefit due all outstanding premiums and to request and be given proof satisfactory to Income of the title of the party claiming the Benefit.
- In the event of a claim, the payment of any Benefit by Income shall be a full and final discharge of Income’s liabilities.
- No action at law or in equity shall be brought to recover any Benefit:
 - within sixty days after the claim notification is submitted to Income;
 - unless notice of such action is given to Income within three years after the expiration of time within which proof of loss is required under clause 13;
- If Income shall disclaim liability for a claim and no action has been commenced within 12 calendar months from the date of such disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.
- The due observance and fulfilment of the terms and conditions, limitation, exclusions, definitions and Endorsement in so far as they relate to anything to be done or complied with by an Insured and the truth of the statements and answers in the Proposal Form or in respect of any claim shall be conditions precedent to any liability of Income.

15. NOMINATION OF BENEFICIARIES

If cover is provided to an Insured who is an Insured Employee on his/her own life, the Insured may nominate a person to receive the share of the Benefits payable in accordance with the Insurance Act and the Insurance (Nomination of Beneficiaries) Regulations.

Any Benefit paid by Income to any person nominated by the Insured, or, in the absence of such nomination, to the Insured's legal personal representatives or Proper Claimants, shall be a discharge of Income's liability in respect of such payment.

16. MEDICAL EXAMINATION

Income may direct an Insured to be examined by a particular Registered Medical Practitioner in respect of any alleged disability in the manner and at the time the Registered Medical Practitioner may require.

17. AGGREGATE COMPENSATION

The compensation payable in respect of any one Accident or cause shall not exceed the limit payable under Benefit A (Death), Benefit B (Total and Permanent Disability) or Benefit C (Permanent and Partial Disability), whichever is applicable.

If arising from any Accident or cause, an Insured is entitled to claim for more than one Benefit, the aggregate compensation payable by Income shall not exceed the limit payable under the Benefit with the highest amount of compensation provided that, notwithstanding the foregoing, if an Insured is entitled to claim for Benefit A (Death) and Benefit B (Total and Permanent Disability), Income will pay the Benefit A (Death).

In the event of claims for Permanent and Partial Disability arising from more than one Accident, upon payment of a minimum aggregate of 100% of the Sum Assured subscribed by the Insured for Term Life Coverage, no further claim shall be admitted.

In the event of claim(s) for Permanent and Partial Disability and a subsequent claim for Death or Total and Permanent Disability arising from more than one Accident or cause, upon admission of the claim for Death or Total and Permanent Disability, no further claim shall be admitted.

The aggregate compensation payable in respect of claim(s) for Critical Illnesses Coverage shall not exceed the Sum Assured subscribed by the Insured for Critical Illnesses Coverage.

18. DURATION OF INSURED'S COVER

The cover granted to an Insured pursuant is from the Policy Inception Date as specified in the Schedule.

The Master Policyholder or Income may terminate this Policy by giving at least 6 months' written notice to the other party. Upon the expiry of the period of notice, all cover granted under this Group Policy shall cease.

19. NOTICE

Any notice or communication pursuant to this Group Policy shall be deemed to be duly given and received if:

- a) personally delivered, on the day of delivery;
- b) if sent by pre-paid mail, within seven (7) days after the mail is sent;
- c) by facsimile, on production of a transmission report by the machine from which the facsimile was sent which indicates that the facsimile was sent in its entirety to the facsimile number of the recipient; or
- d) by email or other electronic means, immediately upon transmission.

20. ARBITRATION

Any differences or disputes as to any matter arising under, out of or in connection with this Policy and cover granted to Members under this Policy shall be referred to Financial Industry Disputes Resolution Centre Ltd ("FIDREC") for resolution provided it is a dispute that can be brought before FIDREC.

If such differences or disputes cannot be referred or resolved by FIDREC, such differences or disputes shall be referred and finally resolved by arbitration in accordance with the Arbitration Rules of the Singapore International Arbitration Centre for the time being in force in the Republic of Singapore, which rules are deemed to be incorporated by reference in this Clause 20. The obtaining of an arbitral award shall be a condition precedent to any liability of Income under this Policy.

21. POLICY OWNERS' PROTECTION SCHEME

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

22. REFUSING TO PAY A CLAIM

After the Insured or Insured Employee have been continuously covered for one year from the cover commencement date or reinstatement date, Income will pay the claim unless:

- it is a case of fraud;
- the Insured Employee fails to pay a premium;
- the Insured or Insured Employee has a material pre-existing condition which the Insured or Insured Employee did not tell Income about when the Insured Employee applied for this Policy or Rider if health declaration is required;
- the Insured or Insured Employee fails to tell Income any significant information or information which is true, correct and complete which would have reasonably affected Income's decision to accept the Insured Employee's application; or
- the claim is excluded or not covered under the terms of this Policy or Rider.

DEFINITIONS

Income

Income shall mean Income Insurance Limited.

Master Policyholder

Master Policyholder shall mean the entity stated as Master Policyholder in the Policy Schedule.

Accidental Death

Accidental Death shall mean death from an Accident.

Accident

Accident shall mean an event caused by violent, external and visible means which shall, independently of any other cause, be the sole and direct cause of Death or Loss as specified in the Table of Compensation.

Age

Age shall mean attained age except that when used in the context of premiums payable, it shall mean age at next birthday.

Benefit

Benefit shall mean the respective sum payable by Income under the terms and conditions of this Policy.

Contract Term

Contract Term means the period of cover for an Insured as stipulated in the schedule of the Certificate of Insurance that is issued by Income to confirm cover under this Policy.

Endorsement

Endorsement shall mean any written statement or notice issued by Income to confirm and record changes to the terms and conditions of this Policy and which shall form part of this Policy.

Loss

Loss shall mean permanent, total and irrecoverable loss of use or loss by physical separation as specified in the Table of Compensation in Appendix 2.

Proper Claimants

Proper Claimants shall mean proper claimant as defined in the Insurance Act (Chapter 142).

Registered Medical Practitioner

Registered Medical Practitioner shall mean a doctor qualified by degree in western medicine who is legally licensed and authorised in the geographical area of his/her practice to render medical or surgical service and who is other than a Member or a member of the Member's immediate family.

Sum Assured

Sum Assured shall mean the sum assured applied by a Member who is an insured employee of Master Policyholder for his/her own cover and if applicable, cover for spouse or child under the Term Life Coverage and, if applicable, Critical Illnesses Coverage, which sum assured is accepted by Income.

Total and Permanent Disability / Totally and Permanently Disabled

Total and Permanent Disability / Totally and Permanently Disabled shall mean:

- a) The complete and continuous inability of a Member at that time and at all times thereafter to engage in any business or occupation or perform any work of any kind for remuneration or profit;
or
- b) Total Physical Loss.

Total Physical Loss

Total Physical Loss shall mean any one of the following:

- a) the total and irrecoverable loss of sight of both eyes;
- b) the loss by complete severance or total and irrecoverable loss of use of both limbs at or above the wrist or ankle; or
- c) the total and irrecoverable loss of sight of one eye and the loss by complete severance or total and irrecoverable loss of use of one limb at or above the wrist or ankle.

APPENDIX 1

Table of Premiums

Sum Assured and Monthly Premiums

The sum assured, in multiples of \$10,000 up to a maximum of \$300,000 for Term Life Coverage and \$200,000 for Critical Illnesses Rider for Insured Employee and Spouse. The maximum Sum Assured for children shall not exceed \$100,000 per child for Term Life Coverage and Critical Illnesses Rider.

Term Life Coverage

Monthly Premium (Age Next Birthday)						
Sum Assured	2-18yrs	19-45yrs	46-50yrs	51-55yrs	56-60yrs	61-65yrs
\$10,000	\$0.70	\$0.80	\$1.20	\$2.10	\$3.00	\$3.80
\$20,000	\$1.40	\$1.60	\$2.40	\$4.20	\$6.00	\$7.60
\$30,000	\$2.10	\$2.40	\$3.60	\$6.30	\$9.00	\$11.40
\$40,000	\$2.80	\$3.20	\$4.80	\$8.40	\$12.00	\$15.20
\$50,000	\$3.50	\$4.00	\$6.00	\$10.50	\$15.00	\$19.00
\$60,000	\$4.20	\$4.80	\$7.20	\$12.60	\$18.00	\$22.80
\$70,000	\$4.90	\$5.60	\$8.40	\$14.70	\$21.00	\$26.60
\$80,000	\$5.60	\$6.40	\$9.60	\$16.80	\$24.00	\$30.40
\$90,000	\$6.30	\$7.20	\$10.80	\$18.90	\$27.00	\$34.20
\$100,000	\$7.00	\$8.00	\$12.00	\$21.00	\$30.00	\$38.00
\$110,000	\$7.70	\$8.80	\$13.20	\$23.10	\$33.00	\$41.80
\$120,000	\$8.40	\$9.60	\$14.40	\$25.20	\$36.00	\$45.60
\$130,000	\$9.10	\$10.40	\$15.60	\$27.30	\$39.00	\$49.40
\$140,000	\$9.80	\$11.20	\$16.80	\$29.40	\$42.00	\$53.20
\$150,000	\$10.50	\$12.00	\$18.00	\$31.50	\$45.00	\$57.00
\$160,000	\$11.20	\$12.80	\$19.20	\$33.60	\$48.00	\$60.80
\$170,000	\$11.90	\$13.60	\$20.40	\$35.70	\$51.00	\$64.60
\$180,000	\$12.60	\$14.40	\$21.60	\$37.80	\$54.00	\$68.40
\$190,000	\$13.30	\$15.20	\$22.80	\$39.90	\$57.00	\$72.20
\$200,000	\$14.00	\$16.00	\$24.00	\$42.00	\$60.00	\$76.00
\$210,000	\$14.70	\$16.80	\$25.20	\$44.10	\$63.00	\$79.80
\$220,000	\$15.40	\$17.60	\$26.40	\$46.20	\$66.00	\$83.60
\$230,000	\$16.10	\$18.40	\$27.60	\$48.30	\$69.00	\$87.40
\$240,000	\$16.80	\$19.20	\$28.80	\$50.40	\$72.00	\$91.20
\$250,000	\$17.50	\$20.00	\$30.00	\$52.50	\$75.00	\$95.00
\$260,000	\$18.20	\$20.80	\$31.20	\$54.60	\$78.00	\$98.80
\$270,000	\$18.90	\$21.60	\$32.40	\$56.70	\$81.00	\$102.60
\$280,000	\$19.60	\$22.40	\$33.60	\$58.80	\$84.00	\$106.40
\$290,000	\$20.30	\$23.20	\$34.80	\$60.90	\$87.00	\$110.20
\$300,000	\$21.00	\$24.00	\$36.00	\$63.00	\$90.00	\$114.00

Monthly premiums will be increased upon a Member entering a higher age category upon renewal.

Critical Illnesses Coverage

Monthly Premium (Age Next Birthday)						
Sum Assured	2-18yrs	19-45yrs	46-50yrs	51-55yrs	56-60yrs	61-65yrs
\$10,000	\$0.70	\$1.40	\$3.60	\$5.90	\$8.10	\$13.20
\$20,000	\$1.40	\$2.80	\$7.20	\$11.80	\$16.20	\$26.40
\$30,000	\$2.10	\$4.20	\$10.80	\$17.70	\$24.30	\$39.60
\$40,000	\$2.80	\$5.60	\$14.40	\$23.60	\$32.40	\$52.80
\$50,000	\$3.50	\$7.00	\$18.00	\$29.50	\$40.50	\$66.00
\$60,000	\$4.20	\$8.40	\$21.60	\$35.40	\$48.60	\$79.20
\$70,000	\$4.90	\$9.80	\$25.20	\$41.30	\$56.70	\$92.40
\$80,000	\$5.60	\$11.20	\$28.80	\$47.20	\$64.80	\$105.60
\$90,000	\$6.30	\$12.60	\$32.40	\$53.10	\$72.90	\$118.80
\$100,000	\$7.00	\$14.00	\$36.00	\$59.00	\$81.00	\$132.00
\$110,000	\$7.70	\$15.40	\$39.60	\$64.90	\$89.10	\$145.20
\$120,000	\$8.40	\$16.80	\$43.20	\$70.80	\$97.20	\$158.40
\$130,000	\$9.10	\$18.20	\$46.80	\$76.70	\$105.30	\$171.60
\$140,000	\$9.80	\$19.60	\$50.40	\$82.60	\$113.40	\$184.80
\$150,000	\$10.50	\$21.00	\$54.00	\$88.50	\$121.50	\$198.00
\$160,000	\$11.20	\$22.40	\$57.60	\$94.40	\$129.60	\$211.20
\$170,000	\$11.90	\$23.80	\$61.20	\$100.30	\$137.70	\$224.40
\$180,000	\$12.60	\$25.20	\$64.80	\$106.20	\$145.80	\$237.60
\$190,000	\$13.30	\$26.60	\$68.40	\$112.10	\$153.90	\$250.80
\$200,000	\$14.00	\$28.00	\$72.00	\$118.00	\$162.00	\$264.00

Monthly premiums will be increased upon a Member entering a higher age category upon renewal.

Table of Premiums (for age 66 to 70 years)

Sum Assured and Monthly Premiums

The sum assured, in multiples of \$10,000 up to a maximum of \$300,000 for Term Life Coverage and \$200,000 for Critical Illnesses Rider for Insured Employee and Spouse.

Term Life Coverage

Monthly Premium (Age Next Birthday)					
Sum Assured	66 years	67 years	68 years	69 years	70 years
\$10,000	\$6.20	\$7.80	\$9.80	\$12.30	\$15.40
\$20,000	\$12.40	\$15.60	\$19.60	\$24.60	\$30.80
\$30,000	\$18.60	\$23.40	\$29.40	\$36.90	\$46.20
\$40,000	\$24.80	\$31.20	\$39.20	\$49.20	\$61.60
\$50,000	\$31.00	\$39.00	\$49.00	\$61.50	\$77.00
\$60,000	\$37.20	\$46.80	\$58.80	\$73.80	\$92.40
\$70,000	\$43.40	\$54.60	\$68.60	\$86.10	\$107.80
\$80,000	\$49.60	\$62.40	\$78.40	\$98.40	\$123.20
\$90,000	\$55.80	\$70.20	\$88.20	\$110.70	\$138.60
\$100,000	\$62.00	\$78.00	\$98.00	\$123.00	\$154.00
\$110,000	\$68.20	\$85.80	\$107.80	\$135.30	\$169.40
\$120,000	\$74.40	\$93.60	\$117.60	\$147.60	\$184.80
\$130,000	\$80.60	\$101.40	\$127.40	\$159.90	\$200.20
\$140,000	\$86.80	\$109.20	\$137.20	\$172.20	\$215.60
\$150,000	\$93.00	\$117.00	\$147.00	\$184.50	\$231.00
\$160,000	\$99.20	\$124.80	\$156.80	\$196.80	\$246.40
\$170,000	\$105.40	\$132.60	\$166.60	\$209.10	\$261.80
\$180,000	\$111.60	\$140.40	\$176.40	\$221.40	\$277.20
\$190,000	\$117.80	\$148.20	\$186.20	\$233.70	\$292.60
\$200,000	\$124.00	\$156.00	\$196.00	\$246.00	\$308.00
\$210,000	\$130.20	\$163.80	\$205.80	\$258.30	\$323.40
\$220,000	\$136.40	\$171.60	\$215.60	\$270.60	\$338.80
\$230,000	\$142.60	\$179.40	\$225.40	\$282.90	\$354.20
\$240,000	\$148.80	\$187.20	\$235.20	\$295.20	\$369.60
\$250,000	\$155.00	\$195.00	\$245.00	\$307.50	\$385.00
\$260,000	\$161.20	\$202.80	\$254.80	\$319.80	\$400.40
\$270,000	\$167.40	\$210.60	\$264.60	\$332.10	\$415.80
\$280,000	\$173.60	\$218.40	\$274.40	\$344.40	\$431.20
\$290,000	\$179.80	\$226.20	\$284.20	\$356.70	\$446.60
\$300,000	\$186.00	\$234.00	\$294.00	\$369.00	\$462.00

Monthly premiums will be increased upon a Member entering a higher age category upon renewal.

Critical Illnesses Coverage

Monthly Premium (Age Next Birthday)					
Sum Assured	66 years	67 years	68 years	69 years	70 years
\$10,000	\$17.00	\$21.30	\$26.60	\$33.30	\$41.60
\$20,000	\$34.00	\$42.60	\$53.20	\$66.60	\$83.20
\$30,000	\$51.00	\$63.90	\$79.80	\$99.90	\$124.80
\$40,000	\$68.00	\$85.20	\$106.40	\$133.20	\$166.40
\$50,000	\$85.00	\$106.50	\$133.00	\$166.50	\$208.00
\$60,000	\$102.00	\$127.80	\$159.60	\$199.80	\$249.60
\$70,000	\$119.00	\$149.10	\$186.20	\$233.10	\$291.20
\$80,000	\$136.00	\$170.40	\$212.80	\$266.40	\$332.80
\$90,000	\$153.00	\$191.70	\$239.40	\$299.70	\$374.40
\$100,000	\$170.00	\$213.00	\$266.00	\$333.00	\$416.00
\$110,000	\$187.00	\$234.30	\$292.60	\$366.30	\$457.60
\$120,000	\$204.00	\$255.60	\$319.20	\$399.60	\$499.20
\$130,000	\$221.00	\$276.90	\$345.80	\$432.90	\$540.80
\$140,000	\$238.00	\$298.20	\$372.40	\$466.20	\$582.40
\$150,000	\$255.00	\$319.50	\$399.00	\$499.50	\$624.00
\$160,000	\$272.00	\$340.80	\$425.60	\$532.80	\$665.60
\$170,000	\$289.00	\$362.10	\$452.20	\$566.10	\$707.20
\$180,000	\$306.00	\$383.40	\$478.80	\$599.40	\$748.80
\$190,000	\$323.00	\$404.70	\$505.40	\$632.70	\$790.40
\$200,000	\$340.00	\$426.00	\$532.00	\$666.00	\$832.00

Monthly premiums will be increased upon a Member entering a higher age category upon renewal.

APPENDIX 2

TABLE OF COMPENSATION

Item	Description of Disability	Percentage of Sum Assured
1	Loss of Arm	100%
2	Loss of Hand	100%
3	Loss of Leg	100%
4	Loss of Feet	100%
5	Loss of - Eye	100%
	- Sight of eye	100%
	- Sight of eye except perception of light	50%
6	Loss of four fingers and thumb of one hand	50%
7	Loss of four fingers	40%
8	Loss of thumb - Both phalanges	25%
	- One phalanx	10%
9	Loss of Index finger - three phalanges	10%
	- two phalanges	8%
	- one phalanx	4%
10	Loss of Middle finger - three phalanges	6%
	- two phalanges	4%
	- one phalanx	2%
11	Loss of Ring finger - three phalanges	5%
	- two phalanges	4%
	- one phalanx	2%
12	Loss of Little finger - three phalanges	4%
	- two phalanges	3%
	- one phalanx	2%
13	Loss of Metacarpels - first or second (additional)	3%
	- third, fourth or fifth (additional)	2%
14	Loss of Toes - All	15%
	- Great Toe, both phalanges	5%
	- Great Toe, one phalanx	5%
	- Each Toe, other than great toe	1%
15	Loss Hearing - both ears	75%
	- one ear	15%
16	Loss of Speech	50%

The total compensation payable in respect of several disablements due to the same accident is arrived at by adding together the various percentages but shall not exceed 100% of the Sum Assured.

APPENDIX 3

LIST OF CRITICAL ILLNESSES

The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to www.lia.org.sg for the standard Definitions (Version 2019).

It is hereby declared that the following 37 Critical Illnesses shall be defined as Critical Illnesses for the purpose of this Policy.

1 Major Cancer

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behaviour; or
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than Rai Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

2 Heart Attack of Specified Severity

Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by Income.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

3 Stroke with Permanent Neurological Deficit

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

4 Coronary Artery By-pass Surgery

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra-arterial, catheter-based techniques, 'keyhole' or laser procedures are excluded.

5 End Stage Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

6 Irreversible Aplastic Anaemia

Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

7 Blindness (Irreversible Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.

8 End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV₁ test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 \leq 55\text{mmHg}$); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

9 End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

10 Coma

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

11 Deafness (Irreversible Loss of Hearing)

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

Total means “the loss of at least 80 decibels in all frequencies of hearing”.

Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”

12 Open Chest Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

13 Irreversible Loss of Speech

Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

14 Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the insured's body.

15 Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation;
or

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

16 Multiple Sclerosis

The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and
- Multiple neurological deficits which occurred over a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

17 Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

18 Paralysis (Irreversible Loss of Use of Limbs)

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

19 Idiopathic Parkinson’s Disease

The unequivocal diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Inability of the insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

20 Open Chest Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

21 Alzheimer's Disease / Severe Dementia

Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the insured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by Income's appointed Registered Medical Practitioner.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

22 Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

23 Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

24 Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.
- Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

25 Terminal Illness

The conclusive diagnosis of an illness that is expected to result in the death of the insured within 12 months. This diagnosis must be supported by a specialist and confirmed by Income's appointed Registered Medical Practitioner.

Terminal illness in the presence of HIV infection is excluded.

26 HIV Due to Blood Transfusion and Occupationally Acquired HIV

A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in Singapore after the Issue Date, Date of Endorsement or Date of Reinstatement of this policy, whichever is the later; and
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.

B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, Date of Endorsement or Date of Reinstatement of this policy, whichever is the later whilst the insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to Income's satisfaction:

- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

27 Benign Brain Tumor

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

28 Severe Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

29 Angioplasty & Other Invasive Treatment for Coronary Artery

The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Payment under this condition is limited to 10% of the Sum Assured under this policy subject to a S\$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this policy, thereby reducing the amount of the Sum Assured which may be payable herein.

Diagnostic angiography is excluded.

30 Severe Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

31 Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or

other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

32 Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

33 Persistent Vegetative State (Apallic Syndrome)

Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one month.

34 Systemic Lupus Erythematosus with Lupus Nephritis

The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The RPS/ISN classification of lupus nephritis:

- Class I Minimal mesangial lupus nephritis
- Class II Mesangial proliferative lupus nephritis
- Class III Focal lupus nephritis (active and chronic; proliferative and sclerosing)
- Class IV Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)
- Class V Membranous lupus nephritis
- Class VI Advanced sclerosis lupus nephritis

35 Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.

Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

36 Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis must be confirmed by a consultant neurologist or specialist in the relevant medical field.

37 Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the insured is unable to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living", for a continuous period of 6 months. This condition must be confirmed by Income's appointed Registered Medical Practitioner.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

Others

The following two terms can be found in some of the above definitions, and their meanings are as follows:

1. Permanent Neurological Deficit

Permanent means expected to last throughout the lifetime of the insured.

Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the insured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

2. Activities of Daily Living (ADLs)

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;

- (iv) Mobility - the ability to move indoors from room to room on level surfaces;
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.